CCL 410 2002

(Telephone Number of Family Foster Home)

Kansas Department of Health and Environment

Bureau of Consumer Health
Child Care Licensing and Registration
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone 785-368-7015 Fax 785-296-7025



Website: www.kdhe.state.ks.us/kidsnet/

Licensed Family Foster Home Report of Directed Readings or Approved Video Viewing

Foster Parent's Name (First, MI, Last)		FFH License Number	Date of Reading/ Video Viewing	
Title of the Book/Video Tape			Author of the Book/Video Tape	
Publisher of the Book/Video Tape		Copyright Date	Number of Pages (book) or Hours/Minutes (video)	
•	ect of the book/video tape (Child developed, discipline, communication, adolescent	oment or parenting issues such as: nutri ts, etc.)	ition, brain development, health and	
Evaluate the book/video tape: [Check one]		ExcellentGood	FairPoor	
Pleas	e answer the following questions on the	reverse side of this form and an addition	onal page as necessary:	
1.	Summarize the book or video tape in 25 words or less.			
2.	Describe three or more significant observations included in the book or video that pertain to foster parenting. Please include mention of how-each-pertain to foster parenting.			
3.	Please discuss the significant observations included in the book or video which you can use in your foster home. How will these help you increase your skill and foster parenting ability?			
4.	If this book or video did not provide information which you can use, what were you hoping it would provide? [Why did you choose this book/video?]			
Appro	oved for clock hours.			
(Foster Parent's Signature) (Date)		(Sponsoring CPA N	(Sponsoring CPA Name)	
(Name	e of Family Foster Home) as it appears on t	he license By (CPA Family Foster	Home Licensing Social Worker) (Date)	
(Addre	ess of Family Foster Home) (County)	(Telephone Number	r of CPA Social Worker)	